

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #): STATE BAR NO: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P. O. Box 4988 San Rafael, CA 94913-4988	
In the Matter of the Petition of To Establish the Fact of Death of	
<p style="text-align: center;">PETITION TO ESTABLISH FACT OF DEATH</p>	
CASE NUMBER:	

1. Petitioner is a beneficially interested person, entitled under section 103450 of the California Health and Safety Code, to judicial establishment of the fact, time and place of the death of (*name of decedent*):

Petitioner's beneficial interest in the matter herein is based on the following facts and circumstances (state relationship, if any, and other facts and circumstances giving rise to or affecting a beneficial interest

(Attach additional sheets if necessary)

2. A certified copy of the record of death of (*name of decedent*) _____ is not registered.

3. On (*date*) _____, the death of (*name of decedent*) _____

occurred in County of _____ State of _____.

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(name of decedent:) _____, now deceased, at the time of his or her death, on (date of death): _____ resided at (town) _____ County of _____ State of _____.

Wherefore petitioner prays that a time and place be fixed for the hearing of the petition and that on the hearing of this petition the Court make an order determining that the death did in fact occur at the time and place by the proofs adduced at said hearing.

(your name) _____, being duly sworn, deposes and says:
That he/she is the petitioner named in the foregoing petition; that he/she has read the foregoing petition and knows the contents thereof; that the same is true of his/her own knowledge except as to the matters which are therein stated upon his/her information or belief, and as to those matters that he/she believes it to be true.

Date: _____ 20_____
(SIGNATURE) _____

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AFFIDAVIT OF DEATH

I, _____, declare that I am a citizen of the United States, _____ years of age, and reside at _____.

I further declare under penalty of perjury that (name of decedent) _____ died at approximately (*time of death*) _____ on the _____ day of _____.

The circumstances of the death are:

Executed on (*date*) _____ at (*place*) _____

(signature)

This affidavit must be notarized or signed before a clerk of the court.

Subscribed and sworn before me this _____ day of _____

Address _____

JOHN P. MONTGOMERY
Court Executive Officer

By _____
Deputy